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Florida Department of  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6381

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REGISTRATION  
BUREAU OF COMMERCIAL  
INFORMATION SERVICE

FLORIDA PROFIT/NON PROFIT CORPORATION  
BITE LIFE INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

REGISTRATION OF STATE  
CORPORATIONS FLORIDA

17 JUL 21 AM 9:56

07/24/17

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**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:

BITE LIFE INC.

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

5063 NW 159 ST.

Miami Gardens FL 33014

**ARTICLE III SHARES:** The number of shares of stock is: 100

**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

ERIC J. GONZALES (P)

DARIEM ZAMORA (VP)

STATE OF FLORIDA

17 JUL 21 AM 9:56

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Eric J. Gonzales

5063 NW 159 ST

Miami Gardens FL 33014

**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:

ERIC J Gonzales

5063 NW 159 ST

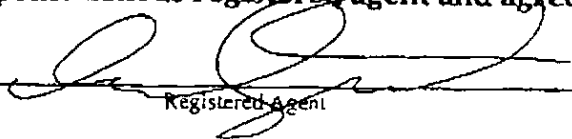
Miami Gardens FL 33014

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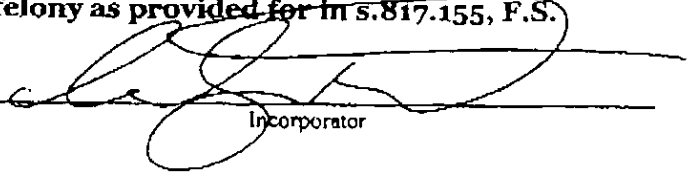
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**Required Signatures:**

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

 _____ Registered Agent	7/21/17 _____ Date
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I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

 _____ Incorporator	7/21/17 _____ Date
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 DEPARTMENT OF STATE  
 FLORIDA

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